



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Pear, Jr.	Charles	E.	(808) 529-7354
MAILING ADDRESS (Street)			FAX
P.O. Box 2800			(808) 535-8029
(City)	(State)	(Zip Code)	
Honolulu, HI 96803-2800			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
McCorriston Miller Mukai MacKinnon LLP			(808) 529-7300
MAILING ADDRESS (Street)			FAX
P.O. Box 2800			(808) 524-8293
(City)	(State)	(Zip Code)	
Honolulu, HI 96803-2800			

PART II ORGANIZATION

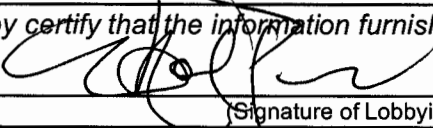
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
SVO Pacific, Inc.	(407) 239-3778	
MAILING ADDRESS (Street)	FAX	
8803 Vistana Centre Drive, Suite 360	(407) 239-3016	
(City)	(State)	(Zip Code)
Orlando, FL 32821-6359		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
MAILING ADDRESS (Street)	FAX	
8803 Vistana Centre Drive		
(City)	(State)	(Zip Code)
Orlando, FL 32821		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below)
<u>Time sharing</u> |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |


PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

2/18/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Victoria H. Carter, Vice President and Assistant Secretary			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
SVO Pacific, Inc.		(407) 239-3778	
MAILING ADDRESS (Street)		FAX	
8803 Vistana Centre Drive, Suite 360		(407) 239-3016	
(City)	(State)	(Zip Code)	
Orlando, FL	32821-6359		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
By <u>SVO PACIFIC, INC</u>  (Signature of Authorizing Officer or Person Represented)		<u>3/22/05</u> (Date)	